

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	2454
First Named Inventor	Desinger, Kai
<b>COMPLETE IF KNOWN</b>	
Application Number	10 / 018,154
Filing Date	12/14/2002
Art Unit	
Examiner Name	

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## Surgical Probe for Minimally Invasive Tissue Removal

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

13

as United States Application Number or PCT International

**Application Number**

10/018,154 ✓

and was amended on (MM/DD/YYYY)

1 (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
YES	NO			
PCT/EP00/03146	Germany	06/17/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number \_\_\_\_\_ OR  Correspondence address below  
 or Bar Code Label

Name BECK & TYSVER, P.L.L.C.

Address 2900 THOMAS AVENUE SOUTH  
SUITE 100

City <u>MINNEAPOLIS</u>	State <u>MN</u>	ZIP <u>55416</u>
Country <u>USA</u>	Telephone <u>612-915-9633</u>	Fax <u>612-915-9637</u>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :  A petition has been filed for this unsigned inventor

Given Name <u>Desinger</u> <small>(first and middle [if any])</small>	Family Name <u>Kai</u> <small>or Surname</small>
--	---

Inventor's Signature 	Date <u>6 May 2002</u>
--	------------------------

Residence: City <u>Berlin</u>	State <u>DEX</u>	Country <u>Germany</u>	Citizenship <u>Germany</u>
-------------------------------	------------------	------------------------	----------------------------

Mailing Address  
Rubensstr. 108

Berlin	State	ZIP	Country
--------	-------	-----	---------

NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name <small>(first and middle [if any])</small>	Family Name <small>or Surname</small>
--	--

Inventor's Signature	Date
----------------------	------

Residence: City	State	Country	Citizenship
-----------------	-------	---------	-------------

Mailing Address

City	State	ZIP	Country
------	-------	-----	---------

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.